

E-filing

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA



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declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

21	In support of this application, I provide the following information:				
22	1. Are you presently employed? Yes No				
23	If your answer is "yes," state both your gross and net salary or wages per month, and give the				
24	name and address of your employer:				
25	Gross: Net:				
26	Employer:				
27					

If the answer is "no," state the date of last employment and the amount of the gross and net salary

Form-Intake 3 (Rev. 4/05)

1	and wages p	er month which you received.		
2	Lost	1, 1,	2007 at Asian Anrican	
3	Pleave	very Services Conpany	. Net Salary: around \$2,789.	51
4	0100	Sodary: Around \$3, 685.	38 out noutbly cut nouth	J
5	2. Have	e you received, within the past twelve (12)	months, any money from any of the	
6	following so	purces:		
7	a.	Business, Profession or	Yes	
8		self employment?		
9	b.	Income from stocks, bonds,	Yes No	
10		or royalties?		
11	c.	Rent payments?	Yes No	
12	d.	Pensions, annuities, or	Yes No	
13		life insurance payments?		
i 4	e.	Federal or State welfare payments,	Yes No	
15		Social Security or other govern-		
16		ment source?		
17	If the answe	r is "yes" to any of the above, describe each	h source of money and state the amount	
18	received from	m each.	.	
19	Irea	ived Food Stanp EBT Be	efit starting July 2007-	-
20	Nov 200	7, nouthly amount, around	\$146.00. I corretty keaive	_
21	3. Are	you married?	Yes No 2 2 2 3 16 00	k
22	Spouse's Ful	Il Name:		ploy
23	Spouse's Pla	ice of Employment:	D:	heli De
24	Spouse's Mo	onthly Salary, Wages or Income:	=	Kar
25	Gross \$	Net \$		bow 4.
26	4. a.	List amount you contribute to your spou	use's support:\$	200
27	b.	List the persons other than your spouse	who are dependent upon you for support	اس
28		and indicate how much you contribute t	toward their support. (NOTE: For minor	20
			415	مح
	Form-Intake	e 3 (Rev. 4/05) - 2 -	in war	190

	children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)
2	Not Applicable
	1).
	5. Do you own or are you buying a home? Yes No
	Estimated Market Value: \$ Amount of Mortgage: \$
	6. Do you own an automobile? Yes No
	Make Year Model
	Is it financed? YesNo If so, Total due: \$
	Monthly Payment: \$
	7. Do you have a bank account? Yes No (Do not include account numbers.)
	Name(s) and address(es) of bank: Union Bank of California
	400 California St. San Francisco, CA.
	Present balance(s): \$
	Do you own any cash? Yes No Amount: \$
	Do you have any other assets? (If "yes," provide a description of each asset and its estimated
	market value.)
	8. What are your monthly expenses?
	Rent: \$ Around \$ 820 Utilities: Nove, included in rent
	Food: \$ 200 Clothing: 430
	Charge Accounts:
	Name of Account Monthly Payment Total Owed on This Account
	None ss
	\$\$\$\$
	\$\$\$\$
,	9. Do you have any other debts? (List current obligations, indicating amounts and to whom
,	they are payable. Do <u>not</u> include account numbers.)
3	Towe a student loon to Sallie had Conpany, which
	is Economic Hardship Deferrent—one about \$70,00 in student to
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2	10. Does the complaint which you are seeking to file raise claims that have been presented in					
3	other lawsuits? Yes No No					
4	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in					
5	which they were filed.					
6	Evans vs. Walder House					
7	Small Clains Courthouse, 400 nCAllister PT, San France					
8	I declare under the penalty of perjury that the foregoing is true and correct and understand that a					
9	false statement herein may result in the dismissal of my claims.					
10	11 a —— b — C					
11	2-11-08 John Rogo Wars, MFT					
12	DATE SIGNATURE OF APPLICANT					
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23 24						
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